

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/							51		
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6	/						56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11	/						61				
12		/					62				
13	/						63				
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17		/					67				
18		/					68				
19		/					69				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	16		↓		↓		TOTAL IND.		↓		
TOTAL DEP.	18	↔		↔		↔	TOTAL DEP.		↔		
TOTAL CLAIMS	24						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS